Lifeline Application

Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

- 1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
- 2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
- 3. You must provide photocopies of either the program or income documents.
- 4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE**: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

| Income Engineer | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|-----------------------|
| Annual Income 135% Thresholds Based on Household Size | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | For each add'l person |
| \$15,512 | \$20,939 | \$26,366 | \$31,793 | \$37,220 | \$42,647 | \$48,074 | \$53,501 | + \$5,427/person |

Documentation needed to qualify for Lifeline through income is noted on next page.



Lifeline Application

| City: State: Zip Code: Customer Bill Address: Zip Code: Customer's Home Telephone: Customer's Social Security Number (last four digits): Customer's Date of Birth xx/xx/xxx: Please choose 1 OR 2. 1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. Supplemental Nutrition Assistance Program | Customer Service Address: | | Temporary(required): |
|--|-------------------------------------|---------------------|--|
| Customer's Home Telephone: Customer's Home Telephone: Customer's Social Security Number (last four digits): Customer's Date of Birth xx/xx/xxx: Please choose 1 OR 2. 1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. Supplemental Nutrition Assistance Program (SNAP) National School Lunch – Free Lunch Program Medicaid Medica | City: | State: | Zip Code: |
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| 6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable | | | |
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| by law. | | a magninad ta m | a coutiful may continued aligibility for Lifeline at any time, and |
| 7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, an | | • | |
| my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits. | | ontinued engli | milty will result in de-enrollment and the termination of my |
| I hereby authorize Comporium to release any of my information contained in this Lifeline Application req | | to release any | of my information contained in this Lifeline Application require |
| for the administration of the Lifeline program to the FCC or its designee, including the Universal Service | | • | • |
| Administrative Company, and to any state and federal agency, as required by law. | | | |
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| Applicant's Signature:Date: | Administrative Company, and to | , | |
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| or agent use only: | | • | Date: |
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